

SERFF Tracking Number: GRWE-125752942 State: Arkansas  
Filing Company: Great-West Life & Annuity Insurance Company State Tracking Number: 39771  
Company Tracking Number:  
TOI: L04I Individual Life - Term Sub-TOI: L04I.003 Single Life - Single Premium  
Product Name: J374x &j3375X  
Project Name/Number: 10 Year Term Policy/

## Filing at a Glance

Company: Great-West Life & Annuity Insurance Company  
Product Name: J374x &j3375X SERFF Tr Num: GRWE-125752942 State: ArkansasLH  
TOI: L04I Individual Life - Term SERFF Status: Closed State Tr Num: 39771  
Sub-TOI: L04I.003 Single Life - Single Premium Co Tr Num: State Status: Approved-Closed  
Filing Type: Form Co Status: Reviewer(s): Linda Bird  
Author: Tanya Gonzales Disposition Date: 08/06/2008  
Date Submitted: 07/29/2008 Disposition Status: Approved  
Implementation Date Requested: 01/01/2009 Implementation Date:  
State Filing Description:

## General Information

Project Name: 10 Year Term Policy Status of Filing in Domicile: Not Filed  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments: exempt in state of domicile.  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Group Market Size:  
Overall Rate Impact: Group Market Type:  
Filing Status Changed: 08/06/2008  
State Status Changed: 08/06/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
10 year term life policies

## Company and Contact

### Filing Contact Information

Tanya Gonzales, Associate Manager, tanya.gonzales@gwl.com  
Contracts

SERFF Tracking Number: GRWE-125752942 State: Arkansas  
Filing Company: Great-West Life & Annuity Insurance Company State Tracking Number: 39771  
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TOI: L04I Individual Life - Term Sub-TOI: L04I.003 Single Life - Single Premium  
Product Name: J374x &j3375X  
Project Name/Number: 10 Year Term Policy/

8515 E. Orchard Rd. 8T2 (800) 537-2033 [Phone]  
Greenwood Village, CO 80111 (303) 737-5444[FAX]

**Filing Company Information**

Great-West Life & Annuity Insurance Company CoCode: 68322 State of Domicile: Colorado  
8515 East Orchard Road Group Code: 769 Company Type:  
Greenwood Village, CO 80111 Group Name: State ID Number:  
(303) 737-3992 ext. [Phone] FEIN Number: 84-0467907  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation: 2 policies X \$50.00= \$100  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great-West Life & Annuity Insurance Company	\$100.00	07/29/2008	21661320

*SERFF Tracking Number:* GRWE-125752942 *State:* Arkansas  
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Linda Bird	08/06/2008	08/06/2008

<i>SERFF Tracking Number:</i>	<i>GRWE-125752942</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great-West Life &amp; Annuity Insurance Company</i>	<i>State Tracking Number:</i>	<i>39771</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.003 Single Life - Single Premium</i>
<i>Product Name:</i>	<i>J374x &amp;j3375X</i>		
<i>Project Name/Number:</i>	<i>10 Year Term Policy/</i>		

## **Disposition**

Disposition Date: 08/06/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRWE-125752942 State: Arkansas

Filing Company: Great-West Life & Annuity Insurance Company State Tracking Number: 39771

Company Tracking Number:

TOI: L041 Individual Life - Term Sub-TOI: L041.003 Single Life - Single Premium

Product Name: J374x &j3375X

Project Name/Number: 10 Year Term Policy/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Form	Policy		Yes
Form	Policy		Yes

SERFF Tracking Number: GRWE-125752942 State: Arkansas

Filing Company: Great-West Life & Annuity Insurance Company State Tracking Number: 39771

Company Tracking Number:

TOI: L041 Individual Life - Term Sub-TOI: L041.003 Single Life - Single Premium

Product Name: J374x &j3375X

Project Name/Number: 10 Year Term Policy/

## Form Schedule

Lead Form Number: J374, et al.

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	J374X	Policy/Cont Policy ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			AR.pdf
	J3375X	Policy/Cont Policy ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			AR.pdf

# Great-West Life & Annuity Insurance Company

A Stock Company  
[8515 East Orchard Road Greenwood Village, CO 80111]

**Insured:** [John Doe]

**Policy Number:** [1234567]

## TERM LIFE INSURANCE

Great-West Life & Annuity Insurance Company, herein referred to as the Company, will pay the Proceeds to the Beneficiary subject to the policy provisions, when the Company receives due proof of the Insured's death.

The Owner and Beneficiary are as shown in the application unless changed as provided for in this policy.

The provisions on the following pages are a part of this policy.

Signed for the Company on the Issue Date.



[Richard Schultz,]  
Secretary



[Mitchell T.G. Graye,]  
President and Chief Executive Officer

**This policy is a legal contract between the Owner and the Company. PLEASE READ THIS POLICY CAREFULLY.**

**30 DAY RIGHT TO EXAMINE POLICY: IF NOT SATISFIED WITH THE POLICY, RETURN IT TO THE COMPANY OR AN AUTHORIZED REPRESENTATIVE WITHIN 30 DAYS OF RECEIVING IT. THE POLICY WILL THEN BE DEEMED VOID, AND ALL PREMIUMS PAID WILL BE REFUNDED.**

### TERM LIFE

TERM LIFE INSURANCE RENEWABLE TO AGE 80. Insurance payable upon the Insured's death. Convertible to the Insured's Attained Age 70. The premium is guaranteed for the guaranteed term period shown on Page 1. Current Premiums, after the guaranteed term period, are subject to change as stated in the Premium Adjustment Provision on Page 7. Current Premiums will never exceed the guaranteed maximum premiums shown on Page 2. Non-Participating.



## POLICY SPECIFICATIONS

### OWNER/CONTRACT INFORMATION

<b>Owner:</b>	[John Doe]
<b>Insured:</b>	[John Doe]
<b>Policy Number:</b>	[1234567]
<b>Policy Date:</b>	[May 1, 2008]
<b>Face Amount:</b>	[\$100,000]
<b>Issue Date:</b>	[May 1, 2008]
<b>Issue Age/Sex:</b>	[35/Male]
<b>Plan:</b>	[Term Life Insurance Renewable To Age 80, Non-Participating]

### PREMIUM INFORMATION

**Premium Amount:** See Schedule Below

**Guaranteed Term Period:** 10 Years

In accordance with policy provisions, a basic plan premium is due on the Policy Date and every 12 months thereafter during the lifetime of the Insured until the policy anniversary preceding the Insured's 80th birthday.

### SCHEDULE OF BENEFITS AND PREMIUMS

BENEFITS	PREMIUM AMOUNT*	PREMIUM PERIOD
<b>Basic Plan Of Insurance</b>	[\$233.75]	YEARS 1-10
<b>TOTAL</b>	[\$233.75]	YEARS 1-10

\*GUARANTEED MAXIMUM PREMIUMS ARE SHOWN ON PAGE 2.

**GUARANTEED MAXIMUM PREMIUM FOR POLICY 1234567  
(BASED ON THE ATTAINED AGE OF THE INSURED)**

Face: 125,000

INSURED'S ATTAINED AGE	POLICY YEAR	GUARANTEED MAXIMUM PREMIUM (ANNUAL)	INSURED'S ATTAINED AGE	POLICY YEAR	GUARANTEED MAXIMUM PREMIUM (ANNUAL)
35	1	\$ 233.75	71	37	\$ 10,092.50
36	2	\$ 233.75	72	38	\$ 11,233.75
37	3	\$ 233.75	73	39	\$ 12,526.25
38	4	\$ 233.75	74	40	\$ 13,942.50
39	5	\$ 233.75	75	41	\$ 15,455.00
40	6	\$ 233.75	76	42	\$ 17,050.00
41	7	\$ 233.75	77	43	\$ 18,727.50
42	8	\$ 233.75	78	44	\$ 20,487.50
43	9	\$ 233.75	79	45	\$ 22,371.25
44	10	\$ 233.75			
45	11	\$ 852.50			
46	12	\$ 921.25			
47	13	\$ 1,003.75			
48	14	\$ 1,086.25			
49	15	\$ 1,168.75			
50	16	\$ 1,278.75			
51	17	\$ 1,388.75			
52	18	\$ 1,526.25			
53	19	\$ 1,677.50			
54	20	\$ 1,856.25			
55	21	\$ 2,048.75			
56	22	\$ 2,255.00			
57	23	\$ 2,475.00			
58	24	\$ 2,722.50			
59	25	\$ 3,011.25			
60	26	\$ 3,313.75			
61	27	\$ 3,657.50			
62	28	\$ 4,056.25			
63	29	\$ 4,510.00			
64	30	\$ 5,005.00			
65	31	\$ 5,555.00			
66	32	\$ 6,146.25			
67	33	\$ 6,778.75			
68	34	\$ 7,480.00			
69	35	\$ 8,236.25			
70	36	\$ 9,102.50			

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# Definitions

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*Attained Age* - means the age of the Insured, last birthday, as of the Policy Date and each policy anniversary thereafter.

*Beneficiary* - is the person(s) named by the Owner to receive the Proceeds upon the death of the Insured. There are two types of Beneficiary:

- Primary Beneficiary is the Beneficiary(ies) that has the first priority to receive the Proceeds;
- Contingent Beneficiary is the Beneficiary(ies) to receive the Proceeds only if there is no surviving Primary Beneficiary.

*Corporate Headquarters* - means Great-West Life & Annuity Insurance Company ("the Company"), 8515 East Orchard Road, Greenwood Village, Colorado 80111.

*Current Premium* - is the premium that is in effect at any time. The Current Premium is subject to change and will never be greater than the guaranteed maximum premiums shown on Page 2.

*Evidence of Insurability* - means information about an Insured which is used to approve or reinstate this policy or any additional benefit.

*Insured* - is the person named on Page 1 as the Insured.

*Issue Date* - is the date from which the incontestability and the suicide exclusion are measured, and is shown on Page 1.

*Owner* - is the person, persons or entity named on Page 1 as the Owner. The Owner is entitled to all the rights under this policy while the Insured is living.

*Policy Date* - is the effective date of coverage under this policy. The policy years and anniversaries are measured from the Policy Date as shown on Page 1.

*Proceeds* - means the death benefit payable under the policy, as described in the Death Benefit Provision.

*Request* - any instruction in a form, written, telephoned or computerized, satisfactory to the Company and received at the Corporate Headquarters from the Owner or the Owner's assignee (as specified in a form acceptable to the Company) or the Beneficiary (as applicable) as required by any provision of this policy or as required by the Company. The Request is subject to any action taken or payment made by the Company before it was processed.

*Secondary Owner* - will become the Owner of this policy should the Owner die while the Insured is living.

*Unpaid Premium* - is a premium that has not been paid by its due date.

## Ownership Provisions

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### *What are the Owner's rights?*

#### **RIGHTS OF OWNER**

While the Insured is living, all benefits and rights under this policy belong to the Owner. However, the Owner's rights are subject to the rights of any assignee or irrevocably named Beneficiary.

#### **SECONDARY OWNER**

While the Insured is living, the Owner may, by Request, name a Secondary Owner. A Secondary Owner may only be named if the Owner is not the Insured.

When recorded by the Company, the designation of a Secondary Owner will take effect as of the date the Request was signed or the date specified, unless the Company has already made payment or otherwise taken action on a designation or change before receipt or processing of such Request.

### **ASSIGNMENTS/TRANSFERS**

The Owner may assign this policy while the Insured is living. The Company will not recognize an assignment until the original or a certified copy is recorded at the Corporate Headquarters. When filed, the Owner's rights and those of the Beneficiary are subject to the assignment. The Company is not responsible for the validity of any assignment.

When recorded by the Company, a transfer of ownership will revoke any designation of a Secondary Owner. It will not change a Beneficiary. All benefits and rights under this policy will belong to the new Owner, subject to the terms and conditions of the policy and the interest of any recorded assignee.

# Ownership Provisions (continued)

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## *How is the Beneficiary determined?*

### **BENEFICIARY**

While the Insured is living, the Owner may change the Beneficiary by Request. Any change is subject to any existing assignment of this policy. A recorded change of Beneficiary will take effect as of the date the notice was signed. A change of Beneficiary is subject to any Proceeds paid or other act of the Company before recording.

Unless otherwise provided in the designation of Beneficiary section of the application or a change of Beneficiary form, and subject to any assignment, the following will apply upon the death of the Insured:

- If no Primary Beneficiary survives the Insured, the Proceeds will be paid to any Contingent Beneficiary who survives the Insured.
- If no Beneficiary survives the Insured, the Proceeds will be paid to the Owner.
- If the Owner is the Insured and there is no surviving Beneficiary, the Proceeds will be paid to the Owner's estate.

- If any Beneficiary dies before the Insured, the Proceeds will be paid to the surviving Beneficiaries equally as follows:
  1. any surviving Primary Beneficiaries; and
  2. if there is no surviving Primary Beneficiary, to any surviving Contingent Beneficiaries.
- If a Beneficiary dies at the same time as the Insured, or within 10 days after the death of the Insured, the Proceeds will be paid as if the Insured had survived that Beneficiary.

### **BENEFICIARY OF CHILDREN'S LIFE INSURANCE RIDER**

If a Children's Life Insurance Benefit Rider is attached to this policy, the person named as the Insured under this policy will be the Beneficiary under the Children's Rider. This policy provision supercedes any contrary Beneficiary provision within the Children's Life Insurance Benefit Rider.

# General Provisions

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## *What is your agreement with the Company?*

### **ENTIRE CONTRACT**

This policy, any endorsements, any riders, and the application form the entire contract. A copy of the application is attached. After issue, amendments or changes in writing agreed to by the Company are part of the contract.

All statements in the application, in the absence of fraud, are considered representations and not warranties. Only statements in the application will be used to defend a claim or to cancel the policy for misrepresentation.

Only the President, a Vice-President, or the Secretary of the Company have the authority to change or waive any provisions of the policy.

## *How long is the incontestable period?*

### **INCONTESTABILITY**

This policy will not be contested on the basis of misrepresentation after it has been in force during the Insured's lifetime for 2 years from the Issue Date.

### **POLICY YEARS AND ANNIVERSARIES**

Policy years and anniversaries will be measured from the Policy Date shown on Page 1.

## *Will this policy be eligible for dividends?*

### **NON-PARTICIPATING**

This policy is non-participating. It is not eligible to share in the Company's divisible surplus.

## *What is the suicide exclusion period?*

### **SUICIDE EXCLUSION**

If the Insured commits suicide, while sane or insane, within 2 years from the Issue Date (1 year if issued in Colorado or North Dakota), the Proceeds payable under this policy will be limited to an amount equal to all the premiums paid on this policy. Payment will be made to the Beneficiary.

### **CURRENCY**

All amounts to be paid to or by the Company will be in the currency of the United States of America.

## General Provisions (continued)

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*What if the Insured's age is misstated?*

### **MISSTATEMENT OF AGE**

If the Insured's age on the Policy Date has been misstated, the benefits under this policy will be those that the premium would have purchased for the correct age on the Policy Date.

*What happens if a premium is unpaid?*

### **GRACE PERIOD**

Except for the first premium, a grace period of 31 days will be allowed for payment of an Unpaid Premium. The policy will continue in force during this period. If a required premium is still unpaid at the end of the grace period, coverage will cease unless otherwise provided in the policy.

If the Insured dies during the grace period, any Unpaid Premium will be deducted from the policy Proceeds.

*How, where, and when are premiums paid?*

### **PAYMENT OF PREMIUMS**

Premiums are to be paid to Corporate Headquarters of the Company or to one of its authorized representatives.

The premium may be paid once a year, twice a year, or four times a year. It may also be paid monthly by pre-authorized debit or, for an additional fee, monthly through regular billing. Payment may be accepted by other automated payment options approved by the Company. The premium rate is determined by the frequency requested. No billing notice will be mailed for pre-authorized debit payments. In order to terminate the monthly pre-authorized debit, the Company must receive a Request from the Owner.

Any premium not paid by its due date will be an Unpaid Premium. Receipts will be furnished upon Request.

The policy premium shown on Page 1 is guaranteed for the Premium Period shown on Page 1. Current Premiums, after the guaranteed Premium Period, will be based on the Insured's Attained Age and the rates in effect at that time, and are subject to change as stated in the Premium Adjustment Provision on Page 7. In no event will the Current Premiums exceed the guaranteed maximum premiums shown on Page 2.

*How can this policy be reinstated if a premium is unpaid?*

### **REINSTATEMENT**

This policy may be reinstated within 3 years after the due date of an Unpaid Premium.

The Company must receive:

- A Request from the Owner.
- Evidence of Insurability for the Insured, at the Owner's expense.
- Payment of all overdue premiums with interest.

Interest, as stated above, will be 6% per year compounded annually to the date of the policy reinstatement.

Reinstatement will become effective on the date the application for reinstatement is approved by the Company.

*How may this term policy be renewed?*

### **RENEWAL**

If this policy is in force at the end of the Premium Period shown on Page 1, the policy may be renewed each year thereafter until the policy anniversary nearest the Insured's 80<sup>th</sup> birthday. Renewal is effected by timely payment of the premiums due. No evidence of insurability is required for renewal.

## Death Benefit Provisions

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*Upon the death of the Insured, what benefit will the Beneficiary receive?*

### **DEATH BENEFIT PROVISION**

When the Company receives due proof of the Insured's death, the Company will pay to the Beneficiary the face amount less any Unpaid Premiums.

*How will the death benefit be disbursed?*

### **DEATH BENEFIT PAYMENT**

The Proceeds payable on the Insured's death will be paid in a lump sum unless the Owner elects to receive all or a portion of the Proceeds under a settlement option that the Company is then offering. The Company will pay interest on the Proceeds from the date of death to the date of settlement at a rate not less than that required by law.

If settlement is not made within 30 days the Company will pay interest on the proceeds from the date of death to the date of settlement at an annual rate currently paid by the Company.

# Premium Adjustment Provision

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## ***How will the Company adjust the premium?***

At the end of the Guaranteed Term Period as shown on Page 1, the Company may change the Current Premium. The amount of this change is based on the Company's investment earnings, expense, mortality experience and persistency.

After the guaranteed term period:

- If an increase in the Current Premium occurs, the Company will send the Owner at least 60 days advance notice of the change. The premium will never be greater than the guaranteed maximum premium shown on Page 2.

- If a decrease in the Current Premium occurs, the Company will notify the Owner within 60 days of the decrease. The Company will refund the excess portion of any premium paid after giving the notice of the decrease. A decrease in Current Premium will not impact the face amount in any way.

The Company will adjust the premiums for any additional benefits included in this policy by rider based on the applicable rider provisions.

# Conversion Provisions

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## ***Will the Insured be allowed to convert this term policy?***

### **CONVERSION OPTION**

While this policy is in force and provided the death benefit has not been accelerated, the Owner has the right to convert to a new policy prior to the earlier of the end of the first Guarantee Term Period or the Insured's Attained Age 70. In order to convert, the Company must receive a Request from the Owner.

### **POLICY AVAILABLE FOR CONVERSION**

The Owner may choose to convert this policy to another policy. The new policy may be any policy offered by the Company at the time of Request for the purpose of conversion. There will always be at least one policy available for this purpose.

### **TERMS OF CONVERSION**

The following terms will apply:

- No Evidence of Insurability will be required.
- The Policy Date of the new policy will be the date of conversion.

- The first premium for the new policy will be due on the Policy Date of the new policy. The new policy will only take effect after the first premium is paid.
- The premium rate for the new policy will be the rate in effect as of the date of conversion. The new rate will be based on the Insured's Attained Age on the date of conversion.
- When the new policy becomes effective, coverage under this policy will cease.
- The face amount of the new policy may be equal to or less than the amount of insurance under this policy.
- The suicide and incontestability periods will not begin anew on the date of conversion.
- If available on the new policy, any riders attached to this policy will be attached to the new policy without Evidence of Insurability.

# Change of Face Amount Provision

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By Request, the Owner may at any time decrease the Face Amount provided by this policy, subject to the Company's approval. Any change in Face Amount may be limited to amounts that will not exceed tax guidelines and jeopardize the tax status of the policy.

The minimum decrease amount will be \$25,000. The Face Amount may not be decreased below \$25,000 unless prior approval is obtained from the Company.

A Request for a decrease in the Face Amount will become effective on the Policy Date's day of the month following receipt of the Request.

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## TERM LIFE

TERM LIFE INSURANCE RENEWABLE TO AGE 80. Insurance payable upon the Insured's death. Convertible to the Insured's Attained Age 70. The premium is guaranteed for the guaranteed term period shown on Page 1. Current Premiums, after the guaranteed term period, are subject to change as stated in the Premium Adjustment Provision on Page 7. Current Premiums will never exceed the guaranteed maximum premiums shown on Page 2. Non-Participating

CORPORATE HEADQUARTERS – Greenwood Village, Colorado

J374X

# Great-West Life & Annuity Insurance Company

A Stock Company  
[8515 East Orchard Road Greenwood Village, CO 80111]

**Insured:** [John Doe]

**Policy Number:** [1234567]

## TERM LIFE INSURANCE

Great-West Life & Annuity Insurance Company, herein referred to as the Company, will pay the Proceeds to the Beneficiary subject to the policy provisions, when the Company receives due proof of the Insured's death.

The Owner and Beneficiary are as shown in the application unless changed as provided for in this policy.

The provisions on the following pages are a part of this policy.

Signed for the Company on the Issue Date.



[Richard Schultz,]  
Secretary



[Mitchell T.G. Graye,]  
President and Chief Executive Officer

**This policy is a legal contract between the Owner and the Company. PLEASE READ THIS POLICY CAREFULLY.**

**30 DAY RIGHT TO EXAMINE POLICY: IF NOT SATISFIED WITH THE POLICY, RETURN IT TO THE COMPANY OR AN AUTHORIZED REPRESENTATIVE WITHIN 30 DAYS OF RECEIVING IT. THE POLICY WILL THEN BE DEEMED VOID, AND ALL PREMIUMS PAID WILL BE REFUNDED.**

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## POLICY SPECIFICATIONS

### OWNER/CONTRACT INFORMATION

<b>Owner:</b>	[John Doe]
<b>Insured:</b>	[John Doe]
<b>Policy Number:</b>	[1234567]
<b>Policy Date:</b>	[May 1, 2008]
<b>Face Amount:</b>	[\$100,000]
<b>Issue Date:</b>	[May 1, 2008]
<b>Issue Age/Sex:</b>	[35/Male]
<b>Plan:</b>	[Term Life Insurance Renewable To Age 80, Non-Participating]

### PREMIUM INFORMATION

**Premium Amount:** See Schedule Below

**Guaranteed Term Period:** 10 Years

In accordance with policy provisions, a basic plan premium is due on the Policy Date and every 12 months thereafter during the lifetime of the Insured until the policy anniversary preceding the Insured's 80th birthday.

### SCHEDULE OF BENEFITS AND PREMIUMS

BENEFITS	PREMIUM AMOUNT*	PREMIUM PERIOD
<b>Basic Plan Of Insurance</b>	[\$233.75]	YEARS 1-10
<b>TOTAL</b>	[\$233.75]	YEARS 1-10

\*GUARANTEED MAXIMUM PREMIUMS ARE SHOWN ON PAGE 2.

**GUARANTEED MAXIMUM PREMIUM FOR POLICY 1234567  
(BASED ON THE ATTAINED AGE OF THE INSURED)**

Face: 125,000

INSURED'S ATTAINED AGE	POLICY YEAR	GUARANTEED MAXIMUM PREMIUM (ANNUAL)	INSURED'S ATTAINED AGE	POLICY YEAR	GUARANTEED MAXIMUM PREMIUM (ANNUAL)
35	1	\$ 233.75	71	37	\$ 10,092.50
36	2	\$ 233.75	72	38	\$ 11,233.75
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49	15	\$ 1,168.75			
50	16	\$ 1,278.75			
51	17	\$ 1,388.75			
52	18	\$ 1,526.25			
53	19	\$ 1,677.50			
54	20	\$ 1,856.25			
55	21	\$ 2,048.75			
56	22	\$ 2,255.00			
57	23	\$ 2,475.00			
58	24	\$ 2,722.50			
59	25	\$ 3,011.25			
60	26	\$ 3,313.75			
61	27	\$ 3,657.50			
62	28	\$ 4,056.25			
63	29	\$ 4,510.00			
64	30	\$ 5,005.00			
65	31	\$ 5,555.00			
66	32	\$ 6,146.25			
67	33	\$ 6,778.75			
68	34	\$ 7,480.00			
69	35	\$ 8,236.25			
70	36	\$ 9,102.50			

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# Definitions

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*Attained Age* - means the age of the Insured, last birthday, as of the Policy Date and each policy anniversary thereafter.

*Beneficiary* - is the person(s) named by the Owner to receive the Proceeds upon the death of the Insured. There are two types of Beneficiary:

- Primary Beneficiary is the Beneficiary(ies) that has the first priority to receive the Proceeds;
- Contingent Beneficiary is the Beneficiary(ies) to receive the Proceeds only if there is no surviving Primary Beneficiary.

*Corporate Headquarters* - means Great-West Life & Annuity Insurance Company ("the Company"), 8515 East Orchard Road, Greenwood Village, Colorado 80111.

*Current Premium* - is the premium that is in effect at any time. The Current Premium is subject to change and will never be greater than the guaranteed maximum premiums shown on Page 2.

*Evidence of Insurability* - means information about an Insured which is used to approve or reinstate this policy or any additional benefit.

*Insured* - is the person named on Page 1 as the Insured.

*Issue Date* - is the date from which the incontestability and the suicide exclusion are measured, and is shown on Page 1.

*Owner* - is the person, persons or entity named on Page 1 as the Owner. The Owner is entitled to all the rights under this policy while the Insured is living.

*Policy Date* - is the effective date of coverage under this policy. The policy years and anniversaries are measured from the Policy Date as shown on Page 1.

*Proceeds* - means the death benefit payable under the policy, as described in the Death Benefit Provision.

*Request* - any instruction in a form, written, telephoned or computerized, satisfactory to the Company and received at the Corporate Headquarters from the Owner or the Owner's assignee (as specified in a form acceptable to the Company) or the Beneficiary (as applicable) as required by any provision of this policy or as required by the Company. The Request is subject to any action taken or payment made by the Company before it was processed.

*Secondary Owner* - will become the Owner of this policy should the Owner die while the Insured is living.

*Unpaid Premium* - is a premium that has not been paid by its due date.

## Ownership Provisions

---

### *What are the Owner's rights?*

#### **RIGHTS OF OWNER**

While the Insured is living, all benefits and rights under this policy belong to the Owner. However, the Owner's rights are subject to the rights of any assignee or irrevocably named Beneficiary.

#### **SECONDARY OWNER**

While the Insured is living, the Owner may, by Request, name a Secondary Owner. A Secondary Owner may only be named if the Owner is not the Insured.

When recorded by the Company, the designation of a Secondary Owner will take effect as of the date the Request was signed or the date specified, unless the Company has already made payment or otherwise taken action on a designation or change before receipt or processing of such Request.

#### **ASSIGNMENTS/TRANSFERS**

The Owner may assign this policy while the Insured is living. The Company will not recognize an assignment until the original or a certified copy is recorded at the Corporate Headquarters. When filed, the Owner's rights and those of the Beneficiary are subject to the assignment. The Company is not responsible for the validity of any assignment.

When recorded by the Company, a transfer of ownership will revoke any designation of a Secondary Owner. It will not change a Beneficiary. All benefits and rights under this policy will belong to the new Owner, subject to the terms and conditions of the policy and the interest of any recorded assignee.

# Ownership Provisions (continued)

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## *How is the Beneficiary determined?*

### **BENEFICIARY**

While the Insured is living, the Owner may change the Beneficiary by Request. Any change is subject to any existing assignment of this policy. A recorded change of Beneficiary will take effect as of the date the notice was signed. A change of Beneficiary is subject to any Proceeds paid or other act of the Company before recording.

Unless otherwise provided in the designation of Beneficiary section of the application or a change of Beneficiary form, and subject to any assignment, the following will apply upon the death of the Insured:

- If no Primary Beneficiary survives the Insured, the Proceeds will be paid to any Contingent Beneficiary who survives the Insured.
- If no Beneficiary survives the Insured, the Proceeds will be paid to the Owner.
- If the Owner is the Insured and there is no surviving Beneficiary, the Proceeds will be paid to the Owner's estate.

- If any Beneficiary dies before the Insured, the Proceeds will be paid to the surviving Beneficiaries equally as follows:
  1. any surviving Primary Beneficiaries; and
  2. if there is no surviving Primary Beneficiary, to any surviving Contingent Beneficiaries.
- If a Beneficiary dies at the same time as the Insured, or within 10 days after the death of the Insured, the Proceeds will be paid as if the Insured had survived that Beneficiary.

### **BENEFICIARY OF CHILDREN'S LIFE INSURANCE RIDER**

If a Children's Life Insurance Benefit Rider is attached to this policy, the person named as the Insured under this policy will be the Beneficiary under the Children's Rider. This policy provision supercedes any contrary Beneficiary provision within the Children's Life Insurance Benefit Rider.

## **Change of Face Amount Provision**

---

By Request, the Owner may at any time decrease the Face Amount provided by this policy, subject to the Company's approval. Any change in Face Amount may be limited to amounts that will not exceed tax guidelines and jeopardize the tax status of the policy.

A Request for a decrease in the Face Amount will become effective on the Policy Date's day of the month following receipt of the Request.

The minimum decrease amount will be \$25,000. The Face Amount may not be decreased below \$25,000 unless prior approval is obtained from the Company.

## **Conversion Provisions**

---

### *Will the Insured be allowed to convert this term policy?*

#### **CONVERSION OPTION**

While this policy is in force and provided the death benefit has not been accelerated, the Owner has the right to convert to a new policy prior to the earlier of the end of the first Guarantee Term Period or the Insured's Attained Age 70. In order to convert, the Company must receive a Request from the Owner.

#### **POLICY AVAILABLE FOR CONVERSION**

The Owner may choose to convert this policy to another policy. The new policy may be any policy offered by the Company at the time of Request for the purpose of conversion. There will always be at least one policy available for this purpose.

#### **TERMS OF CONVERSION**

The following terms will apply:

- No Evidence of Insurability will be required.
- The Policy Date of the new policy will be the date of conversion.

- The first premium for the new policy will be due on the Policy Date of the new policy. The new policy will only take effect after the first premium is paid.
- The premium rate for the new policy will be the rate in effect as of the date of conversion. The new rate will be based on the Insured's Attained Age on the date of conversion.
- When the new policy becomes effective, coverage under this policy will cease.
- The face amount of the new policy may be equal to or less than the amount of insurance under this policy.
- The suicide and incontestability periods will not begin anew on the date of conversion.
- If available on the new policy, any riders attached to this policy will be attached to the new policy without Evidence of Insurability.

# Death Benefit Provisions

---

*Upon the death of the Insured, what benefit will the Beneficiary receive?*

## DEATH BENEFIT PROVISION

When the Company receives due proof of the Insured's death, the Company will pay to the Beneficiary the face amount less any Unpaid Premiums.

*How will the death benefit be disbursed?*

## DEATH BENEFIT PAYMENT

The Proceeds payable on the Insured's death will be paid in a lump sum unless the Owner elects to receive all or a portion of the Proceeds under a settlement option that the Company is then offering. The Company will pay interest on the Proceeds from the date of death to the date of settlement at a rate not less than that required by law.

If settlement is not made within 30 days, the Company will pay interest on the Proceeds from the date of death to the date of settlement at an annual rate currently paid by the Company.

# General Provisions

---

*What is your agreement with the Company?*

## ENTIRE CONTRACT

This policy, any endorsements, any riders, and the application form the entire contract. A copy of the application is attached. After issue, amendments or changes in writing agreed to by the Company are part of the contract.

All statements in the application, in the absence of fraud, are considered representations and not warranties. Only statements in the application will be used to defend a claim or to cancel the policy for misrepresentation.

Only the President, a Vice-President, or the Secretary of the Company have the authority to change or waive any provisions of the policy.

*How long is the incontestable period?*

## INCONTESTABILITY

This policy will not be contested on the basis of misrepresentation after it has been in force during the Insured's lifetime for 2 years from the Issue Date.

## POLICY YEARS AND ANNIVERSARIES

Policy years and anniversaries will be measured from the Policy Date shown on Page 1.

*Will this policy be eligible for dividends?*

## NON-PARTICIPATING

This policy is non-participating. It is not eligible to share in the Company's divisible surplus.

*What is the suicide exclusion period?*

## SUICIDE EXCLUSION

If the Insured commits suicide, while sane or insane, within 2 years from the Issue Date (1 year if issued in Colorado or North Dakota), the Proceeds payable under this policy will be limited to an amount equal to all the premiums paid on this policy. Payment will be made to the Beneficiary.

## CURRENCY

All amounts to be paid to or by the Company will be in the currency of the United States of America.

*What if the Insured's age is misstated?*

## MISSTATEMENT OF AGE

If the Insured's age on the Policy Date has been misstated, the benefits under this policy will be those that the premium would have purchased for the correct age on the Policy Date.

*What happens if a premium is unpaid?*

## GRACE PERIOD

Except for the first premium, a grace period of 31 days will be allowed for payment of an Unpaid Premium. The policy will continue in force during this period. If a required premium is still unpaid at the end of the grace period, coverage will cease unless otherwise provided in the policy.

If the Insured dies during the grace period, any Unpaid Premium will be deducted from the policy Proceeds.

*How, where, and when are premiums paid?*

## PAYMENT OF PREMIUMS

Premiums are to be paid to Corporate Headquarters of the Company or to one of its authorized representatives.

The premium may be paid once a year, twice a year, or four times a year. It may also be paid monthly by pre-authorized debit or, for an additional fee, monthly through regular billing. Payment may be accepted by other automated payment options approved by the Company. The premium rate is determined by the frequency requested. No billing notice will be mailed for pre-authorized debit payments. In order to terminate the monthly pre-authorized debit, the Company must receive a Request from the Owner.

Any premium not paid by its due date will be an Unpaid Premium. Receipts will be furnished upon Request.



## General Provisions (continued)

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The policy premium shown on Page 1 is guaranteed for the Premium Period shown on Page 1. Current Premiums, after the guaranteed Premium Period, will be based on the Insured's Attained Age and the rates in effect at that time, and are subject to change as stated in the Premium Adjustment Provision on Page 7. In no event will the Current Premiums exceed the guaranteed maximum premiums shown on Page 2.

***How can this policy be reinstated if a premium is unpaid?***

### **REINSTATEMENT**

This policy may be reinstated within 3 years after the due date of an Unpaid Premium.

The Company must receive:

- A Request from the Owner.
- Evidence of Insurability for the Insured, at the Owner's expense.
- Payment of all overdue premiums with interest.

## Premium Adjustment Provision

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***How will the Company adjust the premium?***

At the end of the Guaranteed Term Period as shown on Page 1, the Company may change the Current Premium. The amount of this change is based on the Company's investment earnings, expense, mortality experience and persistency.

After the guaranteed term period:

- If an increase in the Current Premium occurs, the Company will send the Owner at least 60 days advance notice of the change. The premium will never be greater than the guaranteed maximum premium shown on Page 2.

Interest, as stated above, will be 6% per year compounded annually to the date of the policy reinstatement.

Reinstatement will become effective on the date the application for reinstatement is approved by the Company.

***How may this term policy be renewed?***

### **RENEWAL**

If this policy is in force at the end of the Premium Period shown on Page 1, the policy may be renewed each year thereafter until the policy anniversary nearest the Insured's 80<sup>th</sup> birthday. Renewal is effected by timely payment of the premiums due. No evidence of insurability is required for renewal.

- If a decrease in the Current Premium occurs, the Company will notify the Owner within 60 days of the decrease. The Company will refund the excess portion of any premium paid after giving the notice of the decrease. A decrease in Current Premium will not impact the face amount in any way.

The Company will adjust the premiums for any additional benefits included in this policy by rider based on the applicable rider provisions.

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## TERM LIFE

TERM LIFE INSURANCE RENEWABLE TO AGE 80. Insurance payable upon the Insured's death. Convertible to the Insured's Attained Age 70. The premium is guaranteed for the guaranteed term period shown on Page 1. Current Premiums, after the guaranteed term period, are subject to change as stated in the Premium Adjustment Provision on Page 7. Current Premiums will never exceed the guaranteed maximum premiums shown on Page 2. Non-Participating

CORPORATE HEADQUARTERS – Greenwood Village, Colorado

J3375X

<i>SERFF Tracking Number:</i>	<i>GRWE-125752942</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great-West Life &amp; Annuity Insurance Company</i>	<i>State Tracking Number:</i>	<i>39771</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.003 Single Life - Single Premium</i>
<i>Product Name:</i>	<i>J374x &amp;j3375X</i>		
<i>Project Name/Number:</i>	<i>10 Year Term Policy/</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: GRWE-125752942 State: Arkansas  
Filing Company: Great-West Life & Annuity Insurance Company State Tracking Number: 39771  
Company Tracking Number:  
TOI: L041 Individual Life - Term Sub-TOI: L041.003 Single Life - Single Premium  
Product Name: J374x &j3375X  
Project Name/Number: 10 Year Term Policy/

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 07/29/2008  
**Comments:**  
**Attachment:**  
ar compliance cert.pdf

### Review Status:

**Satisfied -Name:** Application 07/29/2008  
**Comments:**  
Approval date listed in cover letter.  
**Attachments:**  
J241Aapp.pdf  
J242Dapp (2).pdf

### Review Status:

**Satisfied -Name:** Life & Annuity - Acturial Memo 07/29/2008  
**Comments:**  
**Attachments:**  
actuarial-memo (J374) MIB 10 Term @ 5 00%.pdf  
actuarial-memo (J3375X) MIB 10 Term @ 5 00%.pdf

### Review Status:

**Satisfied -Name:** Cover Letter 07/29/2008  
**Comments:**  
**Attachment:**  
AR Filing Letter.pdf

**STATE OF ARKANSAS  
INSURANCE DEPARTMENT**

CERTIFICATE OF COMPLIANCE WITH RULE AND REGULATION 19

RE:   J374X       Term Life Insurance  
      J3375X      Term Life Insurance

We hereby certify that the guidelines established in Arkansas Rule and Regulation 19 have been reviewed and the policy form designated above complies with these guidelines.

Great-West Life & Annuity Insurance Company



\_\_\_\_\_  
Susan Gile

Vice President, Individual Markets Operation

July 29, 2008

Date

INSURED: Name [ ]
First/Middle Initial/Last
If you have had a name change in the last 10 years, please provide your previous name below:
Previous Name [ ]
First/Middle Initial/Last
Date of Birth [ ] Male [ ] Female [ ] Social Security Number [ ]
Occupation [ ]
Home Address 1 [ ]
Home Address 2 [ ]
City [ ] State [ ] ZIP [ ]
Daytime Phone [ ] Evening Phone [ ]
Place of Birth [ ]
State/Country

COVERAGE: Term Coverage Type: 10-Year Term [ ] 20-Year Term [ ]
Term Coverage Amount: \$25,000 [ ] \$50,000 [ ] \$75,000 [ ] \$100,000 [ ] \$125,000 [ ]
\$150,000 [ ] \$175,000 [ ] \$200,000 [ ] \$225,000 [ ] \$250,000 [ ]
Whole Life Coverage Amount: \$10,000 [ ] \$15,000 [ ] \$20,000 [ ] \$25,000 [ ] \$50,000 [ ]
\$75,000 [ ] \$100,000 [ ] \$125,000 [ ] \$150,000 [ ]

Children's Coverage This insurance provides \$5,000 of coverage on the lives of each of your children (existing and future by birth or adoption, including stepchildren), ages 6 months to the child's 18th birthday, as long as your policy is in force. Check here if you would like to cover all of your children for just \$1.50 per month. [ ]

REPLACEMENT: Do you have any life insurance policies or annuity contracts in force? [ ] Yes [ ] No
Will this policy replace or be financed by any life insurance or annuity contracts presently or previously owned? [ ] Yes [ ] No

QUALIFICATION: 1) Your Height: [ ] Feet [ ] Inches Your Weight: [ ] lbs. [ ] Yes [ ] No
2) Do you currently use or have you used any type of tobacco product within the past 12 months? [ ] Yes [ ] No
3) Are you a U.S. citizen? [ ] Yes [ ] No
3a) If no, are you currently residing in the U.S. as a permanent resident alien or have you applied for a permanent visa, Resident Alien Card, Permanent Resident Card or "Green Card" for which you are currently awaiting approval? [ ] Yes [ ] No
In the past three years, have you been charged with driving under the influence of alcohol or drugs (DUI), or have you had your driver's license suspended or revoked? [ ] Yes [ ] No
In the past five years, have you
1) used illegal drugs? [ ] Yes [ ] No
2) been convicted or incarcerated for a felony, or are you currently on probation or parole? [ ] Yes [ ] No
In the past 10 years, have you had, been medically advised that you have, or received any type of treatment for:
1) Alcoholism or substance abuse? [ ] Yes [ ] No
2) Any diseases or disorders of the central nervous system, brain or spinal cord? Examples include, but are not limited to: stroke, paralysis, multiple sclerosis, seizures and congenital disorders. [ ] Yes [ ] No
3) Cancer (other than basal cell carcinoma of the skin)? [ ] Yes [ ] No
4) Major depression, schizophrenia or any of the following disorders: panic, psychotic or bipolar? [ ] Yes [ ] No
5) Mental retardation, autism or Down syndrome? [ ] Yes [ ] No
6) A positive test for Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? [ ] Yes [ ] No
7) Asthma with associated hospitalizations or acute/emergency care visits? [ ] Yes [ ] No

**QUALIFICATION  
CONTINUED:**

**In the past 10 years**, have you had, been medically advised that you have, or received any type of treatment for any of the following:

	Yes	No		Yes	No
Heart disease or disorder? .....	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Lung disease or disorder? .....	<input type="checkbox"/>	<input type="checkbox"/>	Blood vessel disease, disorder or		
Kidney disease, disorder or insufficiency? .....	<input type="checkbox"/>	<input type="checkbox"/>	high blood pressure? .....	<input type="checkbox"/>	<input type="checkbox"/>
Lupus? .....	<input type="checkbox"/>	<input type="checkbox"/>	Liver disease, disorder or		
Ulcerative colitis or Crohn's disease? .....	<input type="checkbox"/>	<input type="checkbox"/>	hepatitis (other than Type A)? .....	<input type="checkbox"/>	<input type="checkbox"/>
Blood disorders including chronic anemia? .....	<input type="checkbox"/>	<input type="checkbox"/>			

**PAYMENT:**

Please indicate your payment method below (**check only one of the three boxes at left**).

☐ **Automatic Monthly Account Deduction** For your convenience, premium payments will be deducted from your bank account each month. Please complete the following information. If your application is accepted, your monthly premium will be deducted on the fifth day of each month, unless otherwise noted below. Enclose your first monthly premium payment with your signed application.

Name of Bank

City  State

Account Number  Routing Number

Account Type: ☐ Checking or ☐ Savings Account Withdrawal Date: ☐ 5th or ☐ 20th of month

Automatic Monthly Premium Amount (include Children's Coverage, if applicable) \$

☐ **Annual Direct Bill** If selecting annual direct bill, enclose your first annual premium payment with your signed application.

Annual Premium Amount (Automatic Monthly Premium + Children's Coverage, if applicable x 11) \$

☐ **Payments with Credit Card** Credit card payments may only be made by the Insured. \$

Card type: ☐ Visa ☐ Mastercard Payment frequency: ☐ Monthly ☐ Annually

Card Number  Expiration Date on Card   
(month/year)

Name   
(if different than Insured name above; as it appears on Card)

**BENEFICIARY:**

Name

Relationship

Percentage  Social Security Number

Name

Relationship

Percentage  Social Security Number

Name

Relationship

Percentage  Social Security Number

Name

Relationship

Percentage  Social Security Number

Name

Relationship

Percentage  Social Security Number

Name

Relationship

Percentage  Social Security Number

All primary beneficiary percentages must total 100% and (if named) all contingent beneficiary percentages must total 100%. If left blank, the application will assume an equal split among primary beneficiaries and an equal split among any contingent beneficiaries. Beneficiary details and payment are explained in the policy provisions.



**SIGNATURE:**

I certify: 1) All statements and answers to the questions in this application and any supplement to it are true. 2) This application will form a part of the insurance contract with Great-West Life & Annuity Insurance Company (the Company). 3) This application will not be in effect unless the first premium is paid **while the insured is still living**. 4) The policy applied for takes effect on the date of this application provided that a) questions on the application have been answered truthfully; and b) the application for coverage is not declined. 5) I hereby authorize the premium amount to be deducted or charged as specified in the payment section. This authorization is limited to payment to the Company for an insurance premium. 6) I authorize the Company to obtain all of my medical history in the event of my death within 2 1/2 years of this application date.

This insurance product is not a deposit or other obligation of, or guaranteed by, the [bank] or an affiliate of the [bank]; the insurance product is not insured by the [Federal Deposit Insurance Corporation (FDIC)] or any other agency of the United States, or an affiliate of the [bank]; and the approval or disapproval of any extension of credit by the [bank] or an affiliate is not based on whether or not I purchase this insurance through the [bank] or through any particular source.

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**Authorization to Obtain and Disclose Information**

I have read or have been read, and understand the Notice of Insurance Information Practices and Notice Regarding Medical Information Bureau (MIB). Great-West Life & Annuity Insurance Company (the Company), its reinsurers and their authorized representatives, may obtain medical and other information in order to evaluate my application for life insurance. The Medical Information Bureau, Inc., consumer reporting agency, state motor vehicle department or insurance company who possesses medical or other information about me or my health may furnish such information to the Company upon presenting this authorization or a photocopy. The Company may make a brief report regarding me or my health to the MIB or to other Bureau Member companies to whom I have applied or may apply and have authorized to receive such information. I consent to a consumer report containing personal information that may be requested in connection with my application. This authorization is valid from the date signed for a period of 2 1/2 years. I have read or been read this authorization and understand I have the right to receive a copy.

Insured's Signature

Date

Signed at

City/State

**AGENT:**

Does the applicant have existing life insurance policies or annuity contracts? . . . . .

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Will this policy replace or be financed by any life insurance or annuity contracts presently or previously owned? . . . . .

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Agent's Name

Agent's Signature

Date

Business Phone

**J241Aapp**

Page 3 of 3. This application is not complete without all pages.

FOR INTERNAL USE ONLY

Rep ID #

Branch #

Branch Name

Notice of Insurance Information Practices and Notice Regarding Medical Information Bureau

This is to inform you that, as part of our procedure for processing your application, an investigative consumer report may be prepared. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. You have the right to access information upon written request. You may request correction, amendment, or deletion of any information, which you believe to be inaccurate. In connection with your application for insurance you may receive a telephone call from an authorized person to obtain some personal and financial information. You may be assured that the information is considered confidential and will be used to assess your eligibility for insurance. The interview normally takes from five to ten minutes and will be conducted at a time convenient for you. In the event you are not in when the interviewer calls, the interviewer will leave his or her name and telephone number so that you can return the call at no charge to you and supply the necessary information. Inquiries on the above notices should be addressed to:

Great-West Life & Annuity Insurance Company  
P.O. Box 1470  
Denver, CO 80201-9606

Information regarding your insurability will be treated as confidential. The Company, or its reinsurers, may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another Bureau Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act.

Please contact MIB at:

Medical Information Bureau  
Post Office Box 105, Essex Station  
Boston, MA 02112  
Phone: 866-692-6901 (TTY 866-346-3642)

The Company, or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

THIS STANDARD DISCLOSURE IS REQUIRED OF ALL LIFE INSURANCE PROVIDERS. BE ASSURED THAT GREAT-WEST'S BUSINESS PRACTICES MEET THE HIGHEST INDUSTRY STANDARDS.

**GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY**, P.O. Box 173316, Denver, CO 80217  
Life Insurance Application

INSURED: Name   
First/Middle Initial/Last

If you have had a name change in the last 10 years, please provide your previous name below:  
Previous Name   
First/Middle Initial/Last

Date of Birth  Male ☐ Female ☐ Social Security Number

Occupation

Home Address 1

Home Address 2

City  State  ZIP

Daytime Phone  Evening Phone

Place of Birth   
State/Country

COVERAGE: Term Coverage Type: 10-Year Term ☐ 20-Year Term ☐

Term Coverage Amount: \$25,000 ☐ \$50,000 ☐ \$75,000 ☐ \$100,000 ☐ \$125,000 ☐  
\$150,000 ☐ \$175,000 ☐ \$200,000 ☐ \$225,000 ☐ \$250,000 ☐

Whole Life Coverage Amount: \$10,000 ☐ \$15,000 ☐ \$20,000 ☐ \$25,000 ☐ \$50,000 ☐  
\$75,000 ☐ \$100,000 ☐ \$125,000 ☐ \$150,000 ☐

**Children's Coverage** This insurance provides \$5,000 of coverage on the lives of each of your children (existing and future by birth or adoption, including stepchildren), ages 6 months to the child's 18th birthday, as long as your policy is in force. Check here if you would like to cover all of your children for just \$1.50 per month. .... ☐

REPLACEMENT: Will this policy replace any life insurance or annuity policies you presently own? ..... Yes ☐ No ☐

QUALIFICATION: 1) Your Height:  Feet  Inches Your Weight:  lbs. Yes ☐ No ☐

2) Do you currently use or have you used any type of tobacco product within the past 12 months? ..... Yes ☐ No ☐

3) Are you a U.S. citizen? ..... Yes ☐ No ☐

3a) If no, are you currently residing in the U.S. as a permanent resident alien or have you applied for a permanent visa, Resident Alien Card, Permanent Resident Card or "Green Card" for which you are currently awaiting approval? ... Yes ☐ No ☐

**In the past three years**, have you been charged with driving under the influence of alcohol or drugs (DUI), or have you had your driver's license suspended or revoked? ..... Yes ☐ No ☐

**In the past five years**, have you ..... Yes ☐ No ☐

1) used illegal drugs? ..... Yes ☐ No ☐

2) been convicted or incarcerated for a felony, or are you currently on probation or parole? ..... Yes ☐ No ☐

**In the past 10 years**, have you had, been medically advised that you have, or received any type of treatment for: Yes ☐ No ☐

1) Alcoholism or substance abuse? ..... Yes ☐ No ☐

2) Any diseases or disorders of the central nervous system, brain or spinal cord? Examples include, but are not limited to: stroke, paralysis, multiple sclerosis, seizures and congenital disorders. .... Yes ☐ No ☐

3) Cancer (other than basal cell carcinoma of the skin)? ..... Yes ☐ No ☐

4) Major depression, schizophrenia or any of the following disorders: panic, psychotic or bipolar? ..... Yes ☐ No ☐

5) Mental retardation, autism or Down syndrome? ..... Yes ☐ No ☐

6) A positive test for Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? ..... Yes ☐ No ☐

7) Asthma with associated hospitalizations or acute/emergency care visits? ..... Yes ☐ No ☐

**QUALIFICATION  
CONTINUED:**

**In the past 10 years**, have you had, been medically advised that you have, or received any type of treatment for any of the following:

	Yes	No		Yes	No
Heart disease or disorder? .....	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Lung disease or disorder? .....	<input type="checkbox"/>	<input type="checkbox"/>	Blood vessel disease, disorder or		
Kidney disease, disorder or insufficiency? .....	<input type="checkbox"/>	<input type="checkbox"/>	high blood pressure? .....	<input type="checkbox"/>	<input type="checkbox"/>
Lupus? .....	<input type="checkbox"/>	<input type="checkbox"/>	Liver disease, disorder or		
Ulcerative colitis or Crohn's disease? .....	<input type="checkbox"/>	<input type="checkbox"/>	hepatitis (other than Type A)? .....	<input type="checkbox"/>	<input type="checkbox"/>
Blood disorders including chronic anemia? .....	<input type="checkbox"/>	<input type="checkbox"/>			

**PAYMENT:**

Please indicate your payment method below (**check only one of the two boxes at left**).

☐ **Automatic Monthly Account Deduction** For your convenience, premium payments will be deducted from your bank account each month. Please complete the following information. If your application is accepted, your monthly premium will be deducted on the fifth day of each month, unless otherwise noted below. Enclose your first monthly premium payment with your signed application.

Name of Bank

City  State

Account Number  Routing Number

Account Type: ☐ Checking or ☐ Savings Account Withdrawal Date: ☐ 5th or ☐ 20th of month

Automatic Monthly Premium Amount (include Children's Coverage, if applicable) \$

☐ **Payments with Credit Card** Credit card payments may only be made by the Insured. \$

Card type: ☐ Visa ☐ Mastercard Payment frequency: ☐ Monthly ☐ Annually

Card Number  Expiration Date on Card   
(month/year)

Name   
(if different than Insured name above; as it appears on Card)

**BENEFICIARY:**

Name

Relationship

Percentage  Social Security Number

Name

Relationship

Percentage  Social Security Number

Name

Relationship

Percentage  Social Security Number

Name

Relationship

Percentage  Social Security Number

Name

Relationship

Percentage  Social Security Number

Name

Relationship

Percentage  Social Security Number

All primary beneficiary percentages must total 100% and (if named) all contingent beneficiary percentages must total 100%. If left blank, the application will assume an equal split among primary beneficiaries and an equal split among any contingent beneficiaries. Beneficiary details and payment are explained in the policy provisions.

**SIGNATURE:**

I certify: 1) All statements and answers to the questions in this application and any supplement to it are true. 2) This application will form a part of the insurance contract with Great-West Life & Annuity Insurance Company (the Company). 3) This application will not be in effect unless the first premium is paid **while the insured is still living**. 4) The policy applied for takes effect on the date of this application provided that a) questions on the application have been answered truthfully; and b) the application for coverage is not declined. 5) I hereby authorize the premium amount to be deducted or charged as specified in the payment section. This authorization is limited to payment to the Company for an insurance premium. 6) I authorize the Company to obtain all of my medical history in the event of my death within 2 1/2 years of this application date.

**This insurance product is not a deposit or other obligation of, or guaranteed by, the [bank] or an affiliate of the [bank]; the insurance product is not insured by the [Federal Deposit Insurance Corporation (FDIC)] or any other agency of the United States, or an affiliate of the [bank]; and the approval or disapproval of any extension of credit by the [bank] or an affiliate is not based on whether or not I purchase this insurance through the [bank] or through any particular source.**

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**Authorization to Obtain and Disclose Information**

I have read or have been read, and understand the Notice of Insurance Information Practices and Notice Regarding Medical Information Bureau (MIB). Great-West Life & Annuity Insurance Company (the Company), its reinsurers and their authorized representatives, may obtain medical and other information in order to evaluate my application for life insurance. The Medical Information Bureau, Inc., consumer reporting agency, state motor vehicle department or insurance company who possesses medical or other information about me or my health may furnish such information to the Company upon presenting this authorization or a photocopy. The Company may make a brief report regarding me or my health to the MIB or to other Bureau Member companies to whom I have applied or may apply and have authorized to receive such information. I consent to a consumer report containing personal information that may be requested in connection with my application. This authorization is valid from the date signed for a period of 2 1/2 years. I have read or been read this authorization and understand I have the right to receive a copy.

Insured's Signature

Date

Notice of Insurance Information Practices and Notice Regarding Medical Information Bureau

This is to inform you that, as part of our procedure for processing your application, an investigative consumer report may be prepared. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. You have the right to access information upon written request. You may request correction, amendment, or deletion of any information, which you believe to be inaccurate. In connection with your application for insurance you may receive a telephone call from an authorized person to obtain some personal and financial information. You may be assured that the information is considered confidential and will be used to assess your eligibility for insurance. The interview normally takes from five to ten minutes and will be conducted at a time convenient for you. In the event you are not in when the interviewer calls, the interviewer will leave his or her name and telephone number so that you can return the call at no charge to you and supply the necessary information. Inquiries on the above notices should be addressed to:

Great-West Life & Annuity Insurance Company  
P.O. Box 1470  
Denver, CO 80201-9606

Information regarding your insurability will be treated as confidential. The Company, or its reinsurers, may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another Bureau Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act.

Please contact MIB at:

Medical Information Bureau  
Post Office Box 105, Essex Station  
Boston, MA 02112  
Phone: 866-692-6901 (TTY 866-346-3642)

The Company, or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

THIS STANDARD DISCLOSURE IS REQUIRED OF ALL LIFE INSURANCE PROVIDERS. BE ASSURED THAT GREAT-WEST'S BUSINESS PRACTICES MEET THE HIGHEST INDUSTRY STANDARDS.

**GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY**  
**TERM LIFE INSURANCE RENEWABLE TO AGE 80, NON-PARTICIPATING**

**ACTUARIAL MEMORANDUM**  
**POLICY FORM: J374X**

This memorandum illustrates that this policy does not produce nonforfeiture cash values and is compliant with Actuarial Guideline XXII. A summary of the formulae and basis for net premiums, adjusted premiums, and nonforfeiture factors used in determining cash values is given below.

**BASIS**

All values used in calculating cash values are based on the Sex and Smoker Distinct Commissioner's 2001 Standard Ordinary, Age Last Birthday, Ultimate Mortality Tables. Cash values are calculated according to the statutory minimum values using the adjusted premium method.

An interest rate of 5.00% per annum is used to compute all values.

Death benefits are assumed to be payable at the end of the year of death. The Guaranteed Premiums for all years are the "premiums specified in the policy".

**FORMULAE**

All formulae relate to values which assume an interest rate of 5.00% per annum.

*The present value of future benefits is*

$$A_{x:80-x}$$

*The net premium is*

$$\Pi = \frac{1000 A_{x:80-x}}{\ddot{a}_{x:80-x}}$$

*The adjusted premium is*

$$P_1^a = \frac{1,000 A_{x:80-x} + 0.01 * \$1,000 + 1.25 * \text{Min}(\Pi, 40)}{\ddot{a}'_{x:80-x}}$$

$$\text{where } \ddot{a}'_{x:80-x} = \frac{\sum_{t=1}^{80-x} {}_t(\text{Guaranteed Premium})_x * D_{x+t-1}}{D_x}$$

*The nonforfeiture factor varies with duration t and is*

$${}_tP_x^a = P_1^a * {}_t(\text{Guaranteed Premium})_x$$

**FORMULAE (cont.)**

*The Present Value of Net Premiums is*

$${}_t\text{PVNP}_x = \frac{\sum_{k=t}^{80-x-t} {}_kP_x^a * D_{x+k-t}}{D_x}$$

*The minimum cash value at duration t and issue age x is*

$${}_t\text{CV}_x = \max[1,000 A_{x+t:80-(x+t)} - {}_t\text{PVNP}_x, 0]$$

**SPECIMEN CALCULATIONS**

Male Nonsmoker age 35 at issue, \$25,000 coverage amount (band 1 premiums). An interest rate of 5.00% per annum is used to compute all values.

*Net Premium*

Ten-year term:

$$\frac{2624.546}{17.604} = 149.085$$

*Adjusted premium*

Ten-year term:

$$P_1^a = \frac{2624.546 + 250.000 + 186.356}{7664.268} = \$0.399$$

*Nonforfeiture factor at duration's 5, 20, and 45*

Ten-year term:

$${}_5P_{35}^a = \$34.05$$

$${}_{20}P_{35}^a = \$148.27$$

$${}_{45}P_{35}^a = \$1786.89$$

Minimum Cash Value at duration 5, 20, and 45

Ten-year term:

Duration 5:  $\text{Max}(3075 - 3584, 0) = 0$

Duration 20:  $\text{Max}(5264 - 6260, 0) = 0$

Duration 45:  $\text{Max}(1530 - 1787, 0) = 0$

**ACTUARIAL GUIDELINE XXII - (AGXXII)**

The present value of benefits minus the present value of net premiums for all issue ages and underwriting classes are always less than 0. This statement is true for both the current and guaranteed premiums of the policy. Thus, this policy form does not produce nonforfeiture cash values and this test complies with AGXXII.

**MODEL POINTS TESTED**

All issue ages, sexes, risk classes, and bands were tested.



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Sara Richman, FSA, MAAA  
VP, Financial Services Products  
Great-West Life & Annuity Insurance Company

July 29, 2008  
Date



**GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY**  
**TERM LIFE INSURANCE RENEWABLE TO AGE 80, NON-PARTICIPATING**

**ACTUARIAL MEMORANDUM**  
**POLICY FORM J3375X**

This memorandum illustrates that this policy does not produce nonforfeiture cash values and is compliant with Actuarial Guideline XXII. A summary of the formulae and basis for net premiums, adjusted premiums, and nonforfeiture factors used in determining cash values is given below.

**BASIS**

All values used in calculating cash values are based on the Sex and Smoker Distinct Commissioner's 2001 Standard Ordinary, Age Last Birthday, Ultimate Mortality Tables. Cash values are calculated according to the statutory minimum values using the adjusted premium method.

An interest rate of 5.00% per annum is used to compute all values.

Death benefits are assumed to be payable at the end of the year of death. The Guaranteed Premiums for all years are the "premiums specified in the policy".

**FORMULAE**

All formulae relate to values which assume an interest rate of 5.00% per annum.

*The present value of future benefits is*

$$A_{x:80-x}$$

*The net premium is*

$$\Pi = \frac{1000 A_{x:80-x}}{\ddot{a}_{x:80-x}}$$

*The adjusted premium is*

$$P_1^a = \frac{1,000 A_{x:80-x} + 0.01 * \$1,000 + 1.25 * \text{Min}(\Pi, 40)}{\ddot{a}'_{x:80-x}}$$

$$\text{where } \ddot{a}'_{x:80-x} = \frac{\sum_{t=1}^{80-x} {}_t(\text{Guaranteed Premium})_x * D_{x+t-1}}{D_x}$$

*The nonforfeiture factor varies with duration t and is*

$${}_tP_x^a = P_1^a * {}_t(\text{Guaranteed Premium})_x$$

**FORMULAE (cont.)**

*The Present Value of Net Premiums is*

$${}_tPVNP_x = \frac{\sum_{k=t}^{80-x-t} {}_kP_x^a * D_{x+k-t}}{D_x}$$

*The minimum cash value at duration t and issue age x is*

$${}_tCV_x = \max[1,000 A_{x+t:80-(x+t)} - {}_tPVNP_x, 0]$$

**SPECIMEN CALCULATIONS**

Male Nonsmoker age 35 at issue, \$25,000 coverage amount (band 1 premiums). An interest rate of 5.00% per annum is used to compute all values.

*Net Premium*

Ten-year term:

$$\frac{2624.546}{17.604} = 149.085$$

*Adjusted premium*

Ten-year term:

$$P_1^a = \frac{2624.546 + 250.000 + 186.356}{7664.268} = \$0.399$$

*Nonforfeiture factor at duration's 5, 20, and 45*

Ten-year term:

$${}_5P_{35}^a = \$34.05$$

$${}_{20}P_{35}^a = \$148.27$$

$${}_{45}P_{35}^a = \$1786.89$$

Minimum Cash Value at duration 5, 20, and 45

Ten-year term:

Duration 5:  $\text{Max}(3075 - 3584, 0) = 0$

Duration 20:  $\text{Max}(5264 - 6260, 0) = 0$

Duration 45:  $\text{Max}(1530 - 1787, 0) = 0$

**ACTUARIAL GUIDELINE XXII - (AGXXII)**

The present value of benefits minus the present value of net premiums for all issue ages and underwriting classes are always less than 0. This statement is true for both the current and guaranteed premiums of the policy. Thus, this policy form does not produce nonforfeiture cash values and this test complies with AGXXII.

**MODEL POINTS TESTED**

All issue ages, sexes, risk classes, and bands were tested.



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Sara Richman, FSA, MAAA  
VP, Financial Services Products  
Great-West Life & Annuity Insurance Company

July 22, 2008

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Date

July 22, 2008

Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

NAIC #769-68322

RE: **Individual Life Submission**  
**Term Life Insurance, Form J3375X**  
**Term Life Insurance, Form J374X**

Enclosed for your review are the above referenced forms and pertinent documentation. These forms are new and do not replace any previously approved forms.

Forms J374X and J3375X are simplified issue, individual life policies that initially will be solicited through duly licensed agents. They may also be sold on a direct basis, without agent solicitation. These policies **will not** be illustrated. They are non-participating term life insurance policies, renewable to age 80. After the guaranteed term period, the premiums increase annually, never to exceed the guaranteed premiums. Advertising material has not been developed. The only difference between these two products is the amount of coverage allowed.

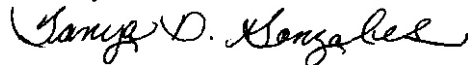
Term Life Insurance application forms J241Aapp and J242Dapp will initially be used to apply for term life insurance coverage for these products. These applications were approved in your state on 06/11/2008.

The submitted documents are in final printed form, but may vary in line breaks, format, paper size, and border when adapting to other printers. The forms score in excess of 50 using the Flesch Reading Ease Test, and are being submitted in all states where Great-West is licensed. These documents are exempt from filing in the State of Colorado, our state of domicile, pursuant to Regulation 5-92. Colorado requires a fee to be paid each February 28<sup>th</sup> based on Great-West's direct written premium. If appropriate, a retaliatory fee has been paid in your state in conjunction with your annual premium tax return.

We reserve the right at any time to make non-material changes to this form, including (but not limited to) paper stock, type face (but not font size) and page layout made necessary by unavoidable changes. Variables within the application have been bracketed and generally consist of names, dates and numbers.

To the best of our knowledge, this submission complies with your state laws and regulations. Should you have any questions, please contact me on our toll-free number 1-800-537-2033, extension 75829. We look forward to your approval.

Sincerely,



Tanya Gonzales  
Associate Manager, Regulatory Services